

Guidance on the Provision of Hearing Aid Services

Note:

BRS is currently providing services under an Order of Selection. While under an Order of Selection, BRS is required to focus on providing services to persons with the most significant disabilities. In determining to what extent a hearing disability is considered “significant”, the counselor will need to carefully review the audiological information in the case record. As a guide in determining severe impairment for individuals who are hard of hearing, the counselor should look for one or more of the following criteria: 1) a hearing loss of 55db or greater (unaided) as measured by the Speech Reception Threshold (SRT) or Pure Tone Average (PTA) or, 2) Under 54db SRT or PTA unaided in the more useful ear with either: a) speech discrimination less than 70% measured at 45db in quiet (measured binaurally, in the sound field) b) a speech discrimination less than 70% measured at 45db in noise if noise is a significant factor in the employment setting, or, c) a statement from an ENT physician indicating a rapidly progressive loss in which a consumer's hearing is very close to meeting the speech discrimination scores of less than 70% measured at 45db in quiet and in noise (if noise is a significant factor in the employment setting). These criteria are to be used in conjunction with the specific functional limitations and the need for multiple services over an extended period of time (see Appendix A, “Guidance for Determination of Most Significant Disability”).

Counseling

Hearing aids may be provided as part of a consumer’s Employment Plan when the consumer requires amplification to manage the required communication on the job. The technology involved with hearing aids changes rapidly, and it is important that we understand the consumer’s employment related communication requirements, and the available options, when providing amplification.

The BRS counselor must review the **BRS Guidance on the Provision of Hearing Aid Services** with each consumer, *prior to the appointment with the audiologist*. This will help the consumer to work cooperatively with the audiologist to identify the hearing aid that will meet their basic communication needs in their job, allowing the consumer to maintain or regain employment.

Consumers who will be using hearing aids, especially first-time users, will need counseling in a variety of areas to ensure adjustment to using amplification –

- Adjustment to hearing loss – helping the consumer to appropriately handle the perceived “social stigma” of wearing a hearing aid; accepting that the hearing aid may not “fix” every communication problem; being aware of the need to assertively request good communication behaviors from others, etc.
- Self-advocacy – being aware of his/her rights under ADA and how to discuss the effects of the hearing loss, and necessary accommodations, with co-workers, supervisors, and employers as needed, etc.

- Communication strategies – how to assess and modify communication barriers in the workplace.
- Information on assistive technology – awareness of other devices, techniques, resources, etc, for improving communication.

Hearing Aids alone seldom resolve the communication barriers and other disability issues experienced by people with hearing loss, so further discussion of individual functional limitations, coping skills, accommodations, etc is necessary. The case record must document the need for and provision of this necessary counseling.

BRS Purchasing Procedures for hearing aids

The BRS contribution to the purchase of hearing aids is limited to that which meets the functional vocational rehabilitation needs of the consumer at the least cost to BRS -

- Wholesale cost –for a linear, conventional hearing aid or basic or mid-level digital or programmable digital hearing aid, BRS will pay up to \$800 per hearing aid wholesale cost, including discounts (additional cost for telecoil if recommended, verified by manufacturer’s list price sheet, can be added to this wholesale cost). Price quote must be verified by actual invoice cost or manufacturer’s wholesale cost attached to the VR-24 Hearing Aid Price Quotation form. It is understood that the initial cost on the Hearing Aid Price Quotation form may sometimes be higher than actual cost, and must be adjusted to reflect actual cost to the vendor, at the time of billing to BRS; a copy of the invoice must accompany the final bill (RS-15) to BRS.
- Audiologist recommendation for higher level, higher cost aid, or additional features - Any recommendation *where the audiologist determines that the consumer requires a higher level, more costly hearing aid to meet their vocational needs* must be reviewed by the BRS Central Office Consultant for Deaf/Hard of Hearing services, to determine the appropriateness of the recommendation.
- Shipping costs – BRS will pay cost of shipping (“up to” \$20.00 per unit – unit being either one hearing aid, or two if binaural are ordered); actual cost to be verified by vendor attaching the actual invoice, with shipping cost, to the BRS authorization/billing form (RS-15) at time of billing to BRS.
- Dispensing fee - For programmable digital aids -\$500.00 for a monaural aid, and \$750.00 for binaural aids (for conventional, linear aids or for non-programmable digital aids the dispensing fee for a monaural aid is \$250.00 for monaural aid and \$375.00 for binaural aids; the reason for the increased dispensing fee for programmable aids is the additional time necessary for programming the aid).

- Additional cost for optional features or upgrades - A consumer has the option of paying the additional cost required in order to obtain a higher level higher cost hearing aid or additional optional features if they wish. BRS will not participate in additional costs for features chosen by consumer that are not required for their employment-related communication needs.
- Approval for payment of hearing aids - In order to avoid cumbersome refund processes, BRS should generally not approve payment for aids until after the return visit and receipt of the VR-22 (“30-day re-check report”) from the vendor, assuring that the originally dispensed aid is appropriate and effective.
- Replacement - **BRS will replace current hearing aids only when the consumer has shown that they have been cared for properly (aids have not been not misused or neglected, consumer has followed manufacturer’s instructions; not “chewed by family pet”, “flushed down toilet”, etc) and only for the following reasons:**
 - The consumers’ hearing aids are no longer working up to specifications and repairs will not restore them to that condition
 - The consumer’s hearing loss has changed significantly requiring different amplification, or
 - The communication needs on the job have changed notably, requiring different amplification.

If a consumer who is already a hearing aid user comes to BRS to request replacement of aid(s), they must bring a report from an audiologist explaining why a replacement is required. *Any case where the counselor believes that there may be other reasons for replacement of hearing aids must be reviewed by the BRS Central Office Consultant for Deaf/Hard of Hearing Services*

- Repairs – BRS will not generally participate in paying for repairs for hearing aids; repairs are considered normal upkeep and care for the aids, and are the responsibility of the consumer. It is expected that the consumer will plan for regular care and upkeep, including repairs, identifying a savings plan as part of their Employment Plan/IPE to be prepared for this. Any exceptions must be reviewed by the BRS Central Office Consultant for Deaf and Hard of Hearing Services.

Required Case Record Documentation and Steps for Purchasing Hearing Aids

1. **Medical clearance** for the use of amplification – an Otological examination within the past six (6) months by a licensed otologist or otolaryngologist, preferably reported on the Otological Exam Report (VR-20), that specifies medical clearance for amplification for the consumer.

2. **Audiological and hearing aid evaluation** performed within the past three (3) months by a State Licensed Audiologist and reported on the BRS Audiometric Exam Report (VR-19). **The VR-19 form** must be sent to the audiologist, with the completed **Workplace Assessment form** attached, when the consumer is referred for a hearing and/or hearing aid evaluation. If the consumer has recently had an audiological assessment and a copy is in the case record, only the hearing aid evaluation needs to be completed and reported on the VR-19 form. The audiologist must complete the VR-19 form, and return it to the counselor, with a narrative that explains the hearing aid recommendation. The specific features of the recommended hearing aid that are required to meet the communication needs of the consumer must be explained in the narrative. BRS will only provide the hearing aid that is reasonably necessary when considering the individual consumer's communication needs on the job. The consumer must pay for any additional features, or "upgrades" suggested by the audiologist and preferred by the consumer. The hearing aid evaluation report is expected to document significant improvement in speech reception and discrimination with the new aid(s), or improvement in awareness to required environmental sounds on the job.

Note: Consumers who are already hearing aid users *must be tested* with their current hearing aid(s), and the results of these tests appropriately verified on the VR-19, in order to document the need to replace these aids.

3. The completed **Workplace Assessment form**; copy to be sent with the VR-19 to the audiologist. The counselor should review this form carefully with each consumer, so that there is agreement and understanding of the consumer's significant work-related communication barriers and possible solutions. The case notes must corroborate that there is sufficient evidence that the consumer requires hearing aid services in order to work.
4. **The Hearing Aid Quotation Form** (VR-24) completed by the vendor, with documentation of the cost to the vendor from the manufacturer. This information is needed for the BRS counselor to be able to authorize purchase of the amplification (invoice, or manufacturer's wholesale price list can be used for price quote documentation; *It is understood that the initial cost on the Hearing Aid Price Quotation form may sometimes be higher than actual cost, and will be adjusted to reflect actual cost to the vendor, at the time of billing to BRS.*).
5. **The Employment Plan/IPE & Counseling** - Counselors must help consumers to plan for how replacement needs will be met by non-VR sources after the VR case is closed. Since the consumer will be working, it is expected that consumers will plan for taking care of their hearing aids – including annual check-up with the audiologist; repairs if needed, batteries, etc. Consumers should ask the audiologist/hearing aid vendor for estimated costs for repairs, annual check-up and upkeep of the hearing aids, so that they can prepare and save for these costs. The counselor and the consumer will identify a savings plan as part of the IPE to

ensure that the consumer will be able to provide for maintenance of the hearing aid(s) and replacement of same.

6. **Verification of medical insurance coverage** - BRS will only authorize purchase of the appropriate hearing aids after the consumer has provided verification of the amount of coverage, or denial of coverage, by the consumer's medical insurance carrier in writing, for the case file. Any insurance benefit will be used as the required comparable benefit.
7. **Follow-up Report, VR-22** - Within thirty (30) days after the consumer receives a hearing aid from the vendor, the consumer must return for the follow-up visit with the audiologist to determine the effectiveness of the hearing aid. This follow-up visit is included under the original authorization for a hearing aid evaluation, and the report must be prepared on our hearing aid re-evaluation report form (VR-22). *This follow-up visit is extremely important, as it provides the opportunity for the consumer to let the audiologist know how effective the hearing aids have or have not been in the workplace.* The audiologist may be able to make adjustments based on information from the consumer, to increase the effectiveness of the hearing aid in the workplace. In addition, another purpose for this follow-up visit is to decrease the use of inappropriate aids. Under Public Act 77-743, an aid can be returned to the vendor within thirty (30) days of purchase and a refund of at least 88% of the purchase price provided. Every effort should be made to get the 30-day re-check report back from the audiologist to put into the case record. If the counselor is not able to obtain the VR-22 report, the counselor must document that they have spoken with the consumer, the aids are working satisfactorily, and the consumer accepts responsibility for any problems that may come up by not having returned for the re-check.

Selecting the Right Hearing Aid

- 1) **Monaural** (rather than binaural) hearing aids will be considered when the audiologist documents sufficient improvement in speech reception threshold and/or speech discrimination with use of one aid, to meet the consumer's work-related communication needs. If the vocational benefits of binaural versus monaural amplification for the consumer are *questionable*, a monaural aid should be authorized, and the consumer should use it for a 30-60 day period. At the conclusion of this period, consumer input regarding the benefit of the aid will be used to determine if a second aid is necessary (if the second aid is necessary, BRS will then pay the additional dispensing fee, equal to one-half of the dispensing fee paid for the first aid).
- 2) **Binaural hearing aids** may be provided when the consumer has used binaural amplification previously, and/or when the audiologist provides justification for

binaural rather than monaural hearing aids that applies to the consumer's work situation.

- 3) A **canal** aid or **CIC** (completely in the canal) may be purchased by BRS **only** when the audiologist and the counselor agree that there is substantial medical or vocational justification. Two examples might be where the consumer has an ear deformity that makes it impossible to use a different type of hearing aid, or, where the consumer's job duties would require the use of the smaller aid for safety or for other strong vocational reasons. If such substantiation cannot be provided, the consumer must pay the difference between the canal aid and standard type of hearing aid (ITE) that would be appropriate for the consumer, if she/he prefers the canal aid. Concerns about "cosmetics" – how the hearing aid looks – are not sufficient reason for BRS to purchase these smaller hearing aids.
- 4) The overwhelming majority of hearing aids that are now available are **digital or digital programmable** hearing aids. **Linear conventional style hearing aids** are made by very few manufacturers and will most likely only be recommended for profound hearing loss where the primary benefit is to help the consumer to be aware of sounds in the environment. Individually programmable hearing aids should be considered for special circumstances, such as the consumer with Meniere's disease where his/her residual hearing fluctuates, therefore requiring appropriate program changes.
- 5) A **telecoil** should be included in (one of the) hearing aids as a T-coil is required for telephone communication and use of other Assistive Listening Technology. There will most likely be an additional "add on" fee for telecoil being added to the wholesale cost of the aid.
- 6) **Cochlear Implant services** –the use of cochlear implants to augment hearing/communication is becoming more common. However, as with all of the services that are provided by BRS, these services must be vocationally necessary for the successful completion of the IPE, and can only be considered after all the other possible options and similar benefits are ruled out. If hearing aids are providing appropriate benefit, such that the consumer is functioning on the job, the additional cost of cochlear implant services may not be considered. *Any decisions for providing services related to cochlear implants must be made in consultation with the SCD (BRS Consultant on Deaf/Hard of Hearing Services). All consumers who use Cochlear Implants should be served by the RCD in the appropriate region.*

Use & Care of the Aids

The hearing aid vendor should teach the consumer how to use and care for the aid. The life span of an aid is approximately 5-7 years and *the maintenance and repair of the aid are the consumer's responsibility*. Consumers will need to demonstrate that they have

appropriately cared for the hearing aids provided, if they are seeking replacement aids at anytime (show records of repairs, annual check of aids, etc).

Consumer's responsibilities

It is the counselor's responsibility to discuss with the consumer his/her responsibilities for on-going care for the aid, including purchase of batteries, repairs to the aids, annual check-up of the aids with annual hearing test, and replacement if lost, damaged or stolen. Loss and damage coverage is standard with most hearing aids. One year is typical, however some brands offer two or more years; BRS will not provide care/repair or replacement for any hearing aid that is under this warrantee period.

Consumers should also be strongly encouraged to obtain supplemental insurance coverage for the aids against loss, damage or theft. The hearing aid manufacturer may offer this insurance for sale, there are private companies who offer such insurance, and/or the consumer should check with his/her home Owner's/Renter's insurance for possible coverage.

Exceptions to the above guideline or "waivers" to the procedures must be reviewed and approved by the BRS Central Office Consultant for Deaf and Hard of Hearing Services (SCD), or other BRS Director's designee.